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FEB 06 2006

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21005 7590 11/03/2005

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530 Virginia Road 02/07/2006 JBALINA2 00000017 10004562
P.O. Box 9133 01 FC:2501 700.00 UP
Concord, MA 01742-9133 02 FC:1504 300.00 Up Marianne Lentini (Depositor's name)
03 FC:8001 45.00 Up *Marianne Lentini* (Signature)
February 3, 2006 (Date)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/004,562	12/05/2001	Tony Fleming	1440.1088-005	8389

TITLE OF INVENTION: CALCIUM-INDEPENDENT NEGATIVE REGULATION BY CD81 OF RECEPTOR SIGNALLING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	02/03/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
BASI, NIRMAL SINGH	1646	435-007210

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Hamilton, Brook, Smith & Reynolds, P.C.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1 _____	2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Beth Israel Deaconess Medical Center, Inc. Boston, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-0380 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Doreen M. Hogle

Date *February 3, 2006*

Typed or printed name

Doreen M. Hogle

Registration No. *50,361*

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